Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____

Under 1 Month

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

BIRTH HISTORY	INTERVAL HISTORY
Pregnancy Complications:	Feedings: Breastfeed or Bottle Has WIC: Yes / No
Birth weight: lbs oz. Apgar	Stools: TB Risk: Yes / No
Perinatal complications:	Cord:
Family hx of childhood hearing impairment:	Circumcision:
Vag/C-Section	Infant sleeping position:
Hep B given in hospital? Date:	Exposure to tobacco smoke:
Immunization Registry done at hospital? Yes / No	Is Mother getting enough sleep?

Parental Concerns:

_____

GROWTH DEVELOPMENT

[ ] Prone, lifts head briefly	[ ] Responds to sound
[ ] Moro reflex	[ ] Fixates on parent's face/voice
[ ] Turns head side to side	[ ] Flexed posture; moves all extremities
[ ] Blinks at bright light	[ ] Can sleep 3-4 hours

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia: Male	[ ] Normal appearance, circ./ uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. External appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well

Assessment:

_____

Plan:

_____

ORDERS

[ ] Obtain newborn Hospital records and newborn screen | [ ] Newborn Metabolic Screen (if not previously done) | [ ] WIC Referral given

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Breast vs. formula feeding, burping, no other p.o. intake, no bottle recumbent, WIC

BEHAVIOR: Feeding, sleeping, crying, hiccups, stools, sneezing

INJURY AND VIOLENCE PREVENTION: Falls, ability to roll, smoke detector, burns from hot liquids, lead poisoning prevention.

GUIDANCE: Spoiling, sibling relationships, diaper rash, circ. Care, cord care, suctioning, protection from infection, or pacifier, smoking at hom stimulating with hanging objects and bright colors, thermometer use, call MD for fever.

SAFETY PRECAUTIONS: Infant Care seat, crib safety, infant sleeping position.

[ ] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA Services.

Next appointment [ ] 1 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 1-2 Months

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Breastfeed or Bottle Has WIC: Yes / No

Feeding: Sleep Position:

Illness: Accidents:

Stools: Exposure to tobacco smoke: TB Risk: Yes / No

Vision: Hearing:

GROWTH-DEVELOPMENT

[ ] Prone, lefts head 45*	[ ] Interested in visual/auditory stimuli	[ ] Fixates on human face	[ ] Flexes posture; moves all extremities
[ ] Vocalizes (cooing)	[ ] Follows past midline	[ ] Smiles responsively	[ ] Responds to parents voice/face
[ ] Responds to sounds	[ ] Kicks, grasps	[ ] Sleeps 3-4 hours	[ ] Some head control/upright position

Parental Concerns:

_____

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclera, pupils normal	Genetalia: Male	[ ] Normal appearance, circ./ uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. External appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well

Assessment:

_____

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTaP	[ ] HEP B	[ ] IPV
[ ] Hib	[ ] Rotavirus	[ ] Prevnar
[ ] WIC referral	[ ] Nutritional assessment	[ ] Immunization registry entry

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Breast vs. formula feeding, no milk or honey till 1 year old, no bottle recumbent, feeding position, colic. WIC referral

BEHAVIOR: Crying, thumb sucking, no discipline yet

INJURY AND VIOLENCE PREVENTION: Rolling, playpen use, burns from hot liquids, lead poisoning prevention

GUIDANCE: Fever, acetaminophen dose, hot water temp. 120 degrees, smoking at home, sleeping positions

SAFETY PRECAUTIONS: Infant Care seat, water safety, falls, nursery equipment, no smoking, thermometer use, childcare plan, infant care (bathing, skin, clothing), emergency care plan, no aspirin use, family spacing, sibling & family relationships.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 2 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 3-4 Months

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Breastfeed or Bottle Has WIC: Yes / No

Feeding: Sleep Position:

Illness: Accidents:

Stools: Exposure to tobacco smoke: TB Risk: Yes / No

Vision: Hearing:

GROWTH DEVELOPMENT

[ ] Head Steady When Sitting	[ ] Squeals or goos	[ ] Rolls side to side
[ ] Eyes follow 180*	[ ] Orients to voices	[ ] Inspects/plays with hands/feet
[ ] Grasps rattle	[ ] Brings hands together	[ ] Shows range of feelings (joy, fear, ect.)

Parental Concerns:

_____

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia: Male	[ ] Normal appearance, circ./ uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. External appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTaP	[ ] HEP B	[ ] IPV
[ ] Hib	[ ] Rotavirus	[ ] Prevnar
[ ] WIC referral	[ ] Nutritional assessment	[ ] Immunization registry entry

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Breast vs. formula feeding, solids, no milk or honey till 1 yr old

BEHAVIOR: Rolling, reaching for objects

INJURY AND VIOLENCE PREVENTION: Rolling, playpen use, burns from hot liquids, lead poisoning prevention

GUIDANCE: Teething, no bottle recumbent, URI treatment, aspiration risk with small objects, language stimulation, no discipline yet. Infant care (bathing skin, clothing), family spacing, sibling and family relationships.

SAFETY PRECAUTIONS: Infant Care seat, water safety, falls, nursery equipment, smoke detector, choking prevention, sleeping position. Parental smoking, thermometer use, childcare plan, minor illness care, emergency care plan.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 2 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ **5-6 Months**

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Breastfeed or Bottle Has WIC: Yes / No

Diet: Sleep Position:

Illness: Stools:

Accidents: Meds / Vits:

Vision: Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH DEVELOPMENT

[ ] No Head lag when pulling or sitting	[ ] Rolls over	[ ] Turns to rattling sounds
[ ] Reaches for objects	[ ] sits briefly alone	[ ] Babbles
[ ] Bears weight on legs	[ ] Gums, teeths objects	[ ] Vocalizes single consonants

Parental Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia	[ ] Normal appearance,
	[ ] Red reflexes present	Male	[ ] Testes in scrotum, circ./ uncirc.
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTaP	[ ] HEP B	[ ] IPV	[ ] Immunization registry entry
[ ] Hib	[ ] Rotavirus	[ ] Flu (after 6 mo)	[ ] Rx for fluoride (.25/.50mg QD, refill till age 2)
[ ] WIC referral	[ ] PCV (Prevnar)	[ ] Nutritional assessment	

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Introduction to solids at 5 mo. (rice cereal, vegetables & fruit), solids 1 new/week, start with iron rich, no cows milk yet, breast feeding, formula.
BEHAVIOR: Begins to sit and crawl, discrimination of people
INJURY AND VIOLENCE PREVENTION: Smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, lead poisoning prevention.
Childproofing: Safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp, choking prevention, sleeping prevention, sleeping position.
GUIDANCE: Consistent sleep schedule, teething, blocks, repetitive games, no bottle recumbent, Infant care (bathing, skin, clothing), childcare plan.
SAFETY PRECAUTIONS: Infant vs. toddler car seat, parent smoking, no aspirin use.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 2 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 7-9 Months

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet: Stools:

Illness: Meds / Vits:

Accidents: Exposure to tobacco smoke: TB Risk: Yes / No

Breastfeed or Bottle Has WIC: Yes / No

GROWTH DEVELOPMENT

[ ] Sits without support	[ ] Responds to own name	[ ] Teeth	[ ] Hold object, transfers objects hand to hand
[ ] Feeds self cracker	[ ] Begins to creep and crawl	[ ] Smiles at self in mirror	[ ] Pokes with index finger
[ ] Bears weight on legs	[ ] Looks for toys dropped	[ ] Mama, Dada indiscriminately	[ ] Plays peek-a-boo/patty cakes

Parental Concerns:

_____

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia Male	[ ] Normal appearance,
	[ ] Red reflexes present		[ ] Testes in scrotum, circ./ uncirc.
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTaP	[ ] HEP B	[ ] IPV	[ ] Immunization registry entry
[ ] Hib	[ ] Rotavirus	[ ] Flu (after 6 mo)	[ ] Rx for fluoride (.25/.50mg QD, refill till age 2)
[ ] WIC referral	[ ] PCV (Prevnar)	[ ] Nutritional assessment	

ANTICIPATORY GUIDANCE (Circle if discussed)

BEHAVIOR: Sitting, crawling, creeping, trying to pull self up.
INJURY AND VIOLENCE PREVENTION: No food chunks or hard objects the size of a baby's pinky, smoke detector, poisoning risk drug and toxic chemical storage, poison center phone number, burns: hot liquids and foods, water/pool safety, lead poisoning prevention.
GUIDANCE: Decrease in appetite, understands "no" but not discipline, brush teeth, no bottle recumbent, childcare plan, breastfeeding.
SAFETY PRECAUTIONS: Toddler care seat, no aspirin use, teething problems, dental hygiene.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 3 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 12-15 Months

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet: Stools:

Illness: Meds / Vits:

Accidents: Exposure to tobacco smoke: TB Risk: Yes / No

Breastfeed or Bottle Has WIC: Yes / No

GROWTH DEVELOPMENT

[ ] Walks alone well	[ ] Dada, Mama specific	[ ] Stoops and recovers	[ ] Indicates wants by pointing/grunting
[ ] Takes lids off containers	[ ] 2 block tower	[ ] Scribbles	[ ] Feeds self, holds cup to drink
[ ] Waves bye-bye	[ ] Plays pat-a-cake	[ ] 3-6 word vocabulary	[ ] Understands simple commands

Parental Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia Male	[ ] Normal appearance,
	[ ] Red reflexes present		[ ] Testes in scrotum, circ./ uncirc.
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] MMR	[ ] Varicella	[ ] PPD	[ ] Flu	[ ] Nutritional Assistant
[ ] PCV (prevnar)	[ ] DtaP	[ ] IPV	[ ] Lead Blood Test (at 12mo)	[ ] HCT (between 9 to 12 mo)
[ ] WIC referral	[ ] Hib	[ ] Hep B	[ ] Immunization registry entry	[ ] Rx for fluoride (.25/50 mg QD, refill till age 2)

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Table food, milk, junk food, using cup/spoon, encouraging solids.
BEHAVIOR: Feeding self, simple games.
INJURY AND VIOLENCE PREVENTION: No hard objects the size of a baby's pinky, toddler care seat, emergency care plan, smoke detector, drug and toxic chemical storage, poison center phone number. Childproofing: safety gates, window guards, pool fence, hot liquids and surfaces, hot water temps., drowning, street safety, gun in home, home first aid kit, matches, cabinets and latches, lead poisoning prevention.
GUIDANCE: Explain temper tantrum, family play, masturbation, not ready for toilet training, shoes, bottle, toothbrush, treatment of minor cuts and bruises, childcare plan.
SAFETY PRECAUTIONS: Toddler care seat, no aspirin use, teething problems, dental hygiene.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 3 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 16-23 Months

NURSING INTAKE

Height: Weight: BMI: HC: Temp: Heart Rate: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet: Sleep Pattern:

Illness: Stools:

Accidents: Meds / Vits:

Has WIC: Yes / No Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH DEVELOPMENT

[ ] Walks alone fast	[ ] Cup little spillage	[ ] Helps in house	[ ] Points with index finger
[ ] Walks up steps	[ ] 3 block tower	[ ] Scribbles	[ ] Points to at least one body part
[ ] Listens to a story	[ ] Uses spoon	[ ] 7-20 word vocabulary	[ ] Brings objects to parents to show

Parental Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia Male	[ ] Normal appearance,
	[ ] Red reflexes present		[ ] Testes in scrotum, circ./ uncirc.
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] MMR	[ ] WIC referral	[ ] Varicella (if not up to date)	[ ] DtaP (if not up to date)	[ ] Nutritional Assistant
[ ] Flu	[ ] HCT (if high risk)	[ ] IPV (if not up to date)	[ ] Lead Blood Test (at 12mo)	[ ] PCV (prevnar) (if not up to date)
[ ] PPD	[ ] Hib (if not up to date)	[ ] Hep B (if not up to date)	[ ] Immunization registry entry	[ ] Rx for fluoride (.25/50 mg QD, refill till age 2)

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Regular Meals with snacks, cup only: no bottle (12-15 mos), junk food.

BEHAVIOR: Self expression, makes choices, pretend play, difficulty sharing toys, expressing emotions, sibling quarreling

INJURY AND VIOLENCE PREVENTION: Toddler car seat, emergency care plan, no hard objects the size of the baby's pinky, smoke detector, drug and toxic chemical storage, poison center phone number. Childproofing: Safety gates, window guards, pool fence, hot liquids and surfaces, drowning, street safety, falls from play equipment, tables and chairs, gun in home, protect from UV light, lead poisoning prevention.

GUIDANCE: Accept negativism, reading to child, toilet awareness not training, toothbrush use, parent smoking, and childcare plan.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 6 months or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 2 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet: Sleep Pattern:

Illness: Stools:

Accidents: Meds / Vits:

Has WIC: Yes / No Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH DEVELOPMENT

[ ] Identifies 1 body park	[ ] puts 2-3 words together	[ ] Puts on simple clothes	[ ] Washes and dries hands
[ ] Kicks and throws a ball	[ ] Plays hide and seek	[ ] Handles spoon well	[ ] Speech half understandable
[ ] 20 word vocabulary	[ ] 3 block tower	[ ] Helps around the house	[ ] Runs well, walks up and down

Parental Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia	[ ] Normal appearance,
	[ ] Red reflexes present	Male	[ ] Testes in scrotum, circ./ uncirc.
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction, legs lengths equal
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] MMR (if not up to date)	[ ] PPD	[ ] Hib (if not up to date)	[ ] Flu (check recommendations)	[ ] Nutritional Assistant
[ ] PPSV (if not up to date	[ ] Hep A	[ ] Varicella (if no history date)	[ ] Hep B (if not up to date)	[ ] Immunization registry entry
[ ] HCT (if high risk)	[ ] MCV	[ ] IPV (if not up to date)	[ ] Lead Blood Test (at 12mo)	[ ] Rx for fluoride (.25/50 mg QD, refill till age 2)
[ ] WIC referral		[ ] DtaP (if not up to date)		

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Regular Meals with snacks, iron-rich foods, sodium, caloric balance, switch to low fat milk, nutritional counseling.
BEHAVIOR: Runs but falls easily, loves rough play, physical activity counseling.
INJURY AND VIOLENCE PREVENTION: Street dangers, knives, falls, drowning, poison center, storage of drugs, toxic chemicals, matches, guns, smoke detector, hot water temp.
GUIDANCE: Accept negativism, start toilet training, parallel peer play, monitor TV programs, brush teeth, dentist, effects of passive smoking, protect skin from UV light, emergency care plan, childcare plan.
SAFETY PRECAUTIONS: Toddler car seats, window guards, pool fence, bike helmet, play equipment, lead poisoning prevention.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services. Return for Hep A #2 in 6 months: _____

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 3 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart: Yes / No

Audiometry Results: Vision Screen Results:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Has WIC: Yes / No	Seeing dentist: Yes / No
Illness:	Meds / Vits:	Stools:
Accidents:	Sleep Pattern:	Exposure to tobacco smoke: TB Risk: Yes / No

Family history: HTN, heart disease, high cholesterol, DM, asthma:

GROWTH DEVELOPMENT

[ ] Plays with other children	[ ] Jumps in place	[ ] Balance on each foot, 1 second	[ ] Knows age, sex, first, last name
[ ] 4-5 word sentences	[ ] 20 teeth	[ ] Washes/dries hands, brushes teeth	[ ] Vocabulary of about 500 words
[ ] Helps in dressing	[ ] Pedals tricycle	[ ] Goes up stairs alternating feet	[ ] Cuts with scissors
	[ ] Separates from mother easily	[ ] Talks well, speech understandable	[ ] Copies

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia: Male	[ ] Normal appearance, circ./ uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions, no cavities	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal, no cavities		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Immunization Registry	[ ] PPD	[ ] Flu (check recommendations)	[ ] Vision screening yearly (objective)
[ ] HCT (if high risk)	[ ] MCV	[ ] Lead Blood Test (if not in chart)	[ ] Immunizations (if not up to date
[ ] WIC Referral	[ ] Lipid Profile (if high risk)	[ ] Audiometry (subjective)	[ ] Rx for fluoride drops/chewable tabs (.501/0mg QD till age 14)
[ ] Dental Referral Given			

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET: Regular Meals with snacks, caloric balance, sweets, sodium, iron nutritional counseling.
BEHAVIOR: Fast moving, value judgments, very aware of peers, physical activity counseling.
INJURY AND VIOLENCE PREVENTION: Toddler care seat till age 6 years or 60 lbs, street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp, window guards, pool fence, play equipment, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches and guns, emergency care plan, lead poisoning prevention.
GUIDANCE: Role of father, B&B problems, stuttering, TV programs, regular exercise, brush teeth, dentist, UV skin protection, parent smoking, childcare plan.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 4-5 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart:

Audiometry Results: Vision Results:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness:	Has WIC: Yes / No
Accidents:	Seeing dentist: Yes / No	Exposure to tobacco smoke:	TB Risk: Yes / No
Stools:	Sleep Pattern:	Fatigue, Nightmares, enuresis:	

Family history: HTN, heart disease, high cholesterol, DM, asthma:

GROWTH DEVELOPMENT

[ ] Hops on 1 foot	[ ] Copies a square	[ ] Plays with several children	[ ] Knows opposite
[ ] Counts 4 pennies	[ ] Catches, throws a ball	[ ] Recognizes 3-4 colors	[ ] Knows name, address, phone no.

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical, A.F. Open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genetalia: Male	[ ] Normal appearance, circ./ uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
Mouth & Pharynx	[ ] Normal color, no lesions, no cavities	Skin	[ ] Clear, no significant lesions
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well
Teeth	[ ] Grossly normal, no cavities		

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTAP	[ ] Hep A (if not previously done)	[ ] Lead Blood Test (if not in chart)	[ ] WIC referral given
[ ] IPV	[ ] HCT (f high risk)	[ ] Flu (check recommendations)	[ ] Dental referral given
[ ] MMR	[ ] UA (at 5 years)	[ ] Immunization Registry entry	[ ] PPSV
[ ] MCV	[ ] Vision screening (yearly)	[ ] Lipid profile (if high risk)	[ ] Rx for fluoride (drops/chewable tabs (.50/1.0 QD till age 14)
[ ] PPD	[ ] Audiometry (at 4 and 5 years)	[ ] Hep B (if not previously done)	[ ] Varicella (if not up to date or hx date documented)

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET/ACTIVITY: Regular balanced meals with snacks, caloric balance, sweets, Fe, NA, meal socialization, school lunch program, nutritional counseling, physical activity counseling.

INJURY AND VIOLENCE PREVENTION: Street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp, window guards, pool fence, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches and guns, burns, lead poisoning prevention.

GUIDANCE: Knows name, address, phone nu., plays with other children, imitates adults, honest & simple answer re sex, dressing self, brushing own teeth, B&B problems, school plans, TV programs, regular exercise, UV skin protection, Dentist Q1yr., parent smoking, strangers, school readiness, seat belt use, childcare plan, emergency care plan.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 6-8 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart:

Audiometry Results: Vision Results:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Accidents:	Seeing dentist: Yes / No	Exposure to tobacco smoke:	TB Risk: Yes / No
Stools:	Fatigue, Nightmares, enuresis:		Weight loss/gain:

Family history: HTN, heart disease, high cholesterol, DM, asthma:

Growth/School Progress: Achievement, sports, peer relationships, attendance, school vision or hearing problem, attendance:

_____

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast (female)	[ ] No masses, Tanner stage I II III IV V
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl, Tanner stage I II III IV V
	[ ] Vision grossly normal	Male	[ ] Circ./uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal	Female	[ ] No lesions, nl external appearances
	[ ] Hearing grossly normal	Femoral pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No scoliosis
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm	Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTAP (if not up to date)	[ ] Flu (check recommendations)	[ ] Lipid profile (if high risk)	[ ] Rx for fluoride (drops/chewable tabs (.50/1.0 QD till age 14)
[ ] IVP (if not up to date)	[ ] MCV	[ ] MMR	[ ] Immunization Registry entry
[ ] Hep B (if not up to date)	[ ] Audiometry	[ ] PPD	[ ] Varicella (if not up to date or hx date documented)
[ ] Hep A (if not up to date)	[ ] Dental referral given	[ ] UA	[ ] Vision screening (yearly)
			[ ] HCT

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET/ACTIVITY: Limit fat, esp. sat. & cholesterol, sweets, sodium, caloric balance, nutritional counseling, physical activity counseling.
INJURY AND VIOLENCE PREVENTION: Seat belt use, swimming, water safety, bike helmet, Drug and ETOH avoidance education, smoke detector, storage of guns, drugs, toxic chemicals, matches.
GUIDANCE: Bed time, discipline, smoking, early sex education and puberty, progress, tooth brushing, dentist, UV skin protection, regular exercise, school achievement, fun, friends, family life education, child sexual abuse.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 9-12 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart:

Audiometry Results: Vision Results:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Weight loss/gain:	Physical Activity:	Sexual activity:
Accidents:	Fatigue, Nightmares:		
TB Risk: Yes / No	Seeing dentist: Yes / No	Menarche:	LMP:
Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma:	

Growth/School Progress: (Risk questions for 12 yr olds need to be asked). Achievement, sports, peer relationships (a best friend?). School vision or hearing problems, attendance, learning from mistakes, coordination:

_____

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast (female)	[ ] No masses, Tanner stage I II III IV V
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl, Tanner stage I II III IV V
	[ ] Vision grossly normal	Male	[ ] Circ./uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal	Female	[ ] No lesions, nl external appearances
	[ ] Hearing grossly normal	Femoral pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No scoliosis
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm	Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Tdap booster (if not up to date)	[ ] PPSV (if high risk)	[ ] Lipid profile (if high risk)	[ ] Rx for fluoride (.50/1.0 QD till age 14)
[ ] Hep B (if not up to date)	[ ] Flu (check recommendations)	[ ] Rx for Folic acid 1mg qd (if female)	[ ] Immunization Registry entry
[ ] Hep A (if not up to date)	[ ] MMR (if not up to date)	[ ] GC, Chlamydia, VDRL (if sexually active)	[ ] Varicella (if not up to date or hx date documented)
[ ] HCT (yearly if menstruating)	[ ] HPV (11-12 years)	[ ] UA (once between 11-21)	[ ] Vision screening (objective 9,10, 12 years)
[ ] HIV Test (counsel if at risk)	[ ] Dental referral given		[ ] Audiometry (objective 9,10, 12 years)
	[ ] MVC4 (11-12 years)		

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET/ACTIVITY: Limit sweets, sodium, and fat (esp. sat & chol.) snacks, balanced meals, nutritional counseling, physical activity counseling.
INJURY AND VIOLENCE PREVENTION: Bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.
GUIDANCE: Bed time, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education, puberty, abstinence, regular exercise – 3x a week, health decisions, TV, school, fun, friends, UV light protection, brushing teeth, dentist yearly, sexual abuse and violence protection, seat belt.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

[ ] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other: _____

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ **13-16 Years**

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart :

Audiometry Results: Vision Results:

Notes:

Staying Healthy Started: Yes / No **Reviewed:** Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:		Illness, stomach, headache:	
Appetite:	Physical Activity:		Seeing dentist: Yes / No	Accidents:
Weight loss/gain:	Family history: HTN, heart disease, high cholesterol, DM, asthma:			
Sexual activity:	Menarche:	LMP:	TB Risk: Yes / No	
Exposure to tobacco smoke:		Tobacco/alcohol/drug use:		

Growth/School Progress: **(Risk questions should be asked for all ages)**. Achievement, sports, peer relationships, attendance, hobbies, school vision or hearing problems, parental limits/consequences for actions, responsibility, after high school plans:

_____

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed [ ] No abuse/neglect evident	Breast (female)	[ ] No masses, Tanner stage I II III IV V
Head	[ ] No lesions.	Lungs	[ ] Clear to auscultation bilaterally
Eyes	[ ] PERRL, conjunctivae, sclerae, clear [ ] Vision grossly normal	Abdomen	[ ] Soft, no masses, liver & spleen normal
		Genetalia	[ ] Grossly nl, Tanner stage I II III IV V
		Male	[ ] Circ./uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal [ ] Hearing grossly normal	Female	[ ] No lesions, nl external appearances
		Femoral pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No scoliosis
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm	Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

Orders

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Hep B (if not up to date)	[ ] PPSV (if not up to date)	[ ] Lipid profile (if high risk)	[ ] Rx for fluoride (.50/1.0 QD till age 14)
[ ] Hep A (if not up to date)	[ ] UA (yearly)	[ ] Rx for Folic acid 1mg qd (if female)	[ ] Immunization Registry entry
[ ] HCT (once between 11 to 21 yrs)	[ ] MMR (if not up to date)	[ ] GC, Chlamydia,VDRL (if sexually active)	[ ] Varicella (if not up to date or hx date documented)
[ ] Council re HIV (test if at risk)	[ ] HPV (if not up to date)	[ ] Flu (check recommendations)	[ ] Vision screening (objective 9,10, 12 years)
[ ] MVC4 (if not up to date)	[ ] Dental referral given	[ ] Tdap (if not up to date)	[ ] Audiometry (objective 9,10, 12 years)

ANTICIPATORY GUIDANCE: Circle if discussed

DIET/ACTIVITY: Fat (esp. sat & chol.) Na, FE CA, caloric balance, appropriate weight, junk food, eating disorders, physical activity counseling.

INJURY AND VIOLENCE PREVENTION: Safety helmet, risk taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety.

GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, family interaction, exercise.

PERSONAL DEVELOPMENT: Physical, growth, sexuality, independence.

SAFETY PRECAUTIONS: Seatbelt use, self breast exam, testicular self exams.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.

[ ] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other: _____

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 17-20 Years

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Heart Rate: Resp:

Allergies: Growth Chart:

Audiometry Results: Vision Results:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No

Advance Directive Education after 18 years: Yes / No MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Physical Activity:	Seeing dentist: Yes / No	Accidents:
Weight loss/gain:	Family history: HTN, heart disease, high cholesterol, DM, asthma:		
Sexual activity:	LMP:	TB Risk: Yes / No	Menarche:
Exposure to tobacco smoke:	Tobacco/alcohol/drug use:		

Growth/School Progress: (Risk questions should be asked). Achievement, sports, peer relationships, hobbies, school achievement, attendance, after high school plans, vision or hearing problems, demonstrates capacity or empathy/intimacy/reciprocity, self-identity:

_____

Parental / Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed [ ] No abuse/neglect evident	Breast (female)	[ ] No masses, Tanner stage I II III IV V
Head	[ ] No lesions.	Lungs	[ ] Clear to auscultation bilaterally
Eyes	[ ] PERRL, conjunctivae, sclerae, clear [ ] Vision grossly normal	Abdomen	[ ] Soft, no masses, liver & spleen normal
Ears	[ ] Canals clear, TMs normal [ ] Hearing grossly normal	Genetalia-Male	[ ] Grossly nl, Tanner stage I II III IV V
Nose	[ ] Passages clear, MM pink, no lesions	Male	[ ] Circ./uncirc. [ ] Testes in scrotum
Teeth	[ ] Grossly normal, no cavities	Genetalia-Female	[ ] No lesions, Tanner stage I II III IV V
Neck	[ ] Supple no masses, thyroid not enlarged	Femoral pulses	[ ] Normal
Chest	[ ] Symmetrical	Extremities	[ ] No deformities, full ROM
Heart	[ ] No organic murmurs, regular rhythm	Lymph Nodes	[ ] Not enlarged
Female	[ ] Pap done Date: _____ Results: _____	Back	[ ] No scoliosis
		Skin	[ ] Clear, no significant lesions
		Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] PPSV (high risk)	[ ] Lipid profile (if high risk)	[ ] Immunization Registry entry
[ ] Flu (check recommendations)	[ ] Folic acid 1mg qd (ordered if female)	[ ] Vision screening (objective 9,10, 12, 18 years)
[ ] HPV (if not up to date)	[ ] GC, Chlamydia, VDRL (if sexually active)	[ ] Audiometry (objective 9,10, 12, 18 years)
[ ] Dental referral given	[ ] HCT (yearly if menstruating)	[ ] Nutritional Assessment
[ ] UA (yearly)	[ ] Meningococcal (for College)	[ ] Council re HIV (test if at risk)

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET/ACTIVITY: Obesity, eating disorders, junk food, nutritional counseling, physical activity counseling.
ACCIDENT PREVENTION: Seatbelt use, safety helmet, risk taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication
PERSONAL DEVELOPMENT: Independence, academic, work activities.
ADULT HEALTH CARE: Transitioning to adult provider, breast self exam, testicular self exam.

[ ] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.
[ ] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other: _____

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ **21-39 Years - Female**

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies: Growth Chart Completed: Yes / No

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No Advance Directive Education: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Menarche: G P A	Hx of Breastfeeding:
LMP:	TB Risk: Yes / No	MMR:	Varicella or Chicken Pox Hx Date:
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	Date of last td:

Family history: HTN, heart disease, high cholesterol, DM, asthma:

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast (female)	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Female	[ ] No lesions
Ears	[ ] Canals clear, TMs normal	Female	[ ] Rectal
	[ ] Hearing grossly		[ ] Pap
Nose	[ ] Passages clear, MM pink, no lesions	Femoral pulses	[ ] Normal
Teeth	[ ] Grossly normal, no cavities	Extremities	[ ] No deformities, full ROM
Neck	[ ] Supple no masses, thyroid not enlarged	Lymph Nodes	[ ] Not enlarged
Chest	[ ] Symmetrical	Back	[ ] No scoliosis
Heart	[ ] No organic murmurs, regular rhythm	Skin	[ ] Clear, no significant lesions
		Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] MMR	[ ] Lipid profile (repeat every five years)	[ ] PPD	[ ] Nutritional Assessment
[ ] Flu (if high risk)	[ ] Rx for Folic acid 1mg qd	[ ] Varicella (if no hx date)	[ ] Council re HIV (test if at risk)
[ ] Pneumo (if high risk)	[ ] Dental referral given	[ ] UA (yearly)	[ ] GC, Chlamydia, VDRL (if sexually active)
			[ ] Td (if not up to date)

ANTICIPATORY GUIDANCE (Circle if discussed)

DIET/ACTIVITY: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Seatbelt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, work activities, family, social interaction, communication
SELF HEALTH CARE: Breast self exam.

Next appointment [ ] 1, 2, or 3 years or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ **21-39 Years - Male**

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies:

Notes:

Staying Healthy Started: Yes / No **Reviewed:** Yes / No **Advance Directive Education:** Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache fatigue:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Date of last Td:	TB Risk: Yes / No	Varicella or Chicken Pox Hx Date:	
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Male	[ ] Circ/uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal	Rectum	[ ] Sphincter tone [ ] Prostate Exam
	[ ] Hearing grossly	Femoral Pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No scoliosis
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm	Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Flu (if at high risk)	[ ] Varicella (if no hx date)	[ ] Nutritional Assessment
[ ] Pneumo (if at high risk)	[ ] UA	[ ] Td (if not in last 10 yrs)
[ ] Dental Referral given	[ ] Counsel re: HIV (test if at risk)	[ ] Lipid profile (repeat every five years)
[ ] PPD		

ANTICIPATORY GUIDANCE (Circle if discussed)

Correct Diet: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, family, social interaction, communication, work activities.
SELF HEALTH CARE: Breast self exam, testicular self exam

Next appointment [ ] 1, 2 or 3 years or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____

40-49 Years - Female

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No Advance Directive Education: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Menarche: G P A	Hx of Breastfeeding:
LMP:	TB Risk: Yes / No	MMR:	Varicella or Chicken Pox Hx Date:
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	Date of last td:

Family history: HTN, heart disease, high cholesterol, DM, asthma:

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast (female)	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Female	[ ] No lesions
Ears	[ ] Canals clear, TMs normal	Female	[ ] Rectal
	[ ] Hearing grossly		[ ] Pap
Nose	[ ] Passages clear, MM pink, no lesions	Femoral pulses	[ ] Normal
Teeth	[ ] Grossly normal, no cavities	Extremities	[ ] No deformities, full ROM
Neck	[ ] Supple no masses, thyroid not enlarged	Lymph Nodes	[ ] Not enlarged
Chest	[ ] Symmetrical	Back	[ ] No scoliosis
Heart	[ ] No organic murmurs, regular rhythm	Skin	[ ] Clear, no significant lesions
		Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] MMR	[ ] Lipid profile (repeat every five years)	[ ] PPD	[ ] Nutritional Assessment
[ ] Flu (if high risk)	[ ] Td (if not in last 10 yrs)	[ ] Varicella (if no hx date)	[ ] Council re HIV (test if at risk)
[ ] Pneumo (if high risk)	[ ] Dental referral given	[ ] UA (yearly)	[ ] GC, Chlamydia, VDRL (if sexually active)
			[ ] Mammogram order (every 1 to 2 years)

ANTICIPATORY GUIDANCE (Circle if discussed)

Correct Diet: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, seatbelt use, family, social interaction, communication, personal development, independence, work activities.
SELF HEALTH CARE: Breast self exam.

Next appointment [ ] 2 years or _____ MD Signature: _____ Date: _____

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Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 40-49 Years - Male

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No Advance Directive Education: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache, fatigue:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Date of last Td:	TB Risk: Yes / No	Varicella or Chicken Pox Hx Date:	
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Male	[ ] Circ/uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal	Rectum	[ ] Sphincter tone [ ] Prostate Exam
	[ ] Hearing grossly	Femoral Pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No scoliosis
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm	Neurologic	[ ] Alert, no gross sensory or motor deficit

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Flu (if at high risk)	[ ] Varicella (if no hx date)	[ ] Nutritional Assessment
[ ] Pneumo (if at high risk)	[ ] UA	[ ] Td (if not in last 10 yrs)
[ ] Dental Referral given	[ ] Counsel re: HIV (test if at risk)	[ ] Lipid profile (repeat every five years)
[ ] PPD	[ ] PSA (if high risk)	

ANTICIPATORY GUIDANCE (Circle if discussed)

Correct Diet: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication, work activities, personal development, independence, work activities.
SELF HEALTH CARE: Breast self exam, testicular self exam

Next appointment [ ] 2 years or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ **50+ Years - Female**

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No Advance Directive Education: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Menarche: G P A	Hx of Breastfeeding:
LMP:	TB Risk: Yes / No	Varicella or Chicken Pox Hx Date:	
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	Date of last td:

Family history: HTN, heart disease, high cholesterol, DM, asthma:

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast (female)	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Female	[ ] Pap [ ] Rectal yearly
Ears	[ ] Canals clear, TMs normal	Femoral pulses	[ ] Normal
	[ ] Hearing grossly	Extremities	[ ] No deformities, full ROM
Nose	[ ] Passages clear, MM pink, no lesions	Lymph Nodes	[ ] Not enlarged
Teeth	[ ] Grossly normal, no cavities	Back	[ ] No lordosis/scoliosis/other abnormality
Neck	[ ] Supple no masses, thyroid not enlarged	Skin	[ ] Clear, no significant lesions
Chest	[ ] Symmetrical	Neurologic	[ ] Alert, no gross sensory or motor deficit
Heart	[ ] No organic murmurs, regular rhythm		[ ] Occult Blood (if 50+)

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Flu (yearly)	[ ] Varicella (if no hx date)	[ ] Nutritional Assessment
[ ] Pneumo (if above 65 or high risk)	[ ] UA	[ ] Council re HIV (test if at risk)
[ ] Dental Referral given	[ ] Fecal Occult Blood (yearly)	[ ] Colonoscopy (every 10 years)
[ ] Lipid profile (repeat every five years)	[ ] Flex Sigmoid (every 5 years	[ ] Mammo (yearly to 65 years than @ clinicians discretion)
[ ] PPD	[ ] Td (if not in last 10 yrs)	

ANTICIPATORY GUIDANCE (Circle if discussed)

Correct Diet: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, work or retirement activities, family, social interaction, communication.
SELF HEALTH CARE: Breast self exam.

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

Blank Page

Name: _____ DOB: _____/_____/_____ Actual Age: _____ Date: _____

Language Spoken: _____ Interpreter Name: _____ 50+ Years - Male

NURSING INTAKE

Height: Weight: BMI: BP: Temp: Pulse: Resp:

Allergies:

Notes:

Staying Healthy Started: Yes / No Reviewed: Yes / No Advance Directive Education: Yes / No

MA Signature:

INTERVAL HISTORY

Diet:	Meds / Vits:	Illness, stomach, headache:	
Appetite:	Physical Activity:	Weight loss/gain:	Seeing dentist: Yes / No
Sexual activity:	Hx of depression:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Date of last Td:	TB Risk: Yes / No	Varicella or Chicken Pox Hx Date:	
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	

Patient Concerns:

_____

PHYSICAL EXAMINATION

General Appearance:	[ ] Well nourished and developed	Breast	[ ] No masses
	[ ] No abuse/neglect evident	Lungs	[ ] Clear to auscultation bilaterally
Head	[ ] No lesions.	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] PERRL, conjunctivae, sclerae, clear	Genetalia	[ ] Grossly nl
	[ ] Vision grossly normal	Male	[ ] Circ/uncirc. [ ] Testes in scrotum
Ears	[ ] Canals clear, TMs normal	Rectum	[ ] Sphincter tone [ ] Prostate Exam
	[ ] Hearing grossly	Femoral Pulses	[ ] Normal
Nose	[ ] Passages clear, MM pink, no lesions	Extremities	[ ] No deformities, full ROM
Teeth	[ ] Grossly normal, no cavities	Lymph Nodes	[ ] Not enlarged
Neck	[ ] Supple no masses, thyroid not enlarged	Back	[ ] No lordosis/scoliosis/other abnormality
Chest	[ ] Symmetrical	Skin	[ ] Clear, no significant lesions
Heart	[ ] No organic murmurs, regular rhythm Neurologic		[ ] Alert, no gross sensory or motor deficit
			[ ] Occult Blood (if 50+)

Assessment:

_____

Plan:

_____

ORDERS

[ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] Flu (yearly)	[ ] Varicella (if no hx date)	[ ] Nutritional Assessment
[ ] Pneumo (if above 65 or high risk)	[ ] UA	[ ] Colonoscopy (every 10 years)
[ ] Dental Referral given	[ ] Fecal Occult Blood (yearly)	[ ] PSA
[ ] Lipid profile (repeat every five years)	[ ] Flex Sigmoid (every 5 years	[ ] Td (if not in last 10 yrs)
[ ] PPD		

ANTICIPATORY GUIDANCE (Circle if discussed)

Correct Diet: Obesity, eating disorders and junk foods.
ACCIDENT PREVENTION: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, family, social interaction, communication, work activities.
SELF HEALTH CARE: Breast self exam, testicular self exam

Next appointment [ ] 1 year or _____ MD Signature: _____ Date: _____

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